

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**9/486540**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		1		1		
6	1	2		2		
7	1		1			
8		1		1		
9		2		2		
10		2		2		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
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49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	16		16			
TOTAL CLAIMS	19		19			

  

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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